

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty MJS-117-537  
Dkt.

C# M#

TARASSENKO et al.

TC/A.U. 3736

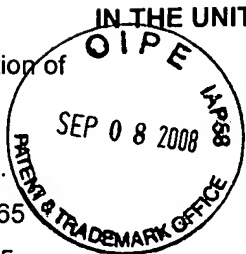
Serial No. 10/528,365

Examiner: NAQI, Sharick

Filed: July 19, 2005

Date: September 8, 2008

Title: TELEMEDICINE SYSTEM



ITy C.C.

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment 24 minus highest number  
previously paid for 35 (at least 20) = 0 x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment 3 minus highest number  
previously paid for 3 (at least 3) = 0 x \$210.00 \$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add  
\$370.00 (1203)/\$185.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this  
paper and attachment(s)

One Month Extension \$120.00 (1251)/\$60.00 (2251)  
Two Month Extensions \$460.00 (1252)/\$230.00 (2252)  
Three Month Extensions \$1050.00 (1253)/\$525.00 (2253)  
Four Month Extensions \$1640.00 (1254)/\$820.00 (2254)  
Five Month Extensions \$2,230.00 (1255)/\$1115.00 (2255) \$ 120.00

Terminal disclaimer enclosed, add \$130.00 (1814)/ \$65.00 (2814) \$

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: \$ 0.00

**TOTAL FEE \$ 120.00**☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor  
Arlington, Virginia 22203-1808  
Telephone: (703) 816-4000  
Facsimile: (703) 816-4100  
MJS:dbpNIXON & VANDERHYE P.C.  
By Atty: Michael J. Shea, Reg. No. 34,725Signature: 

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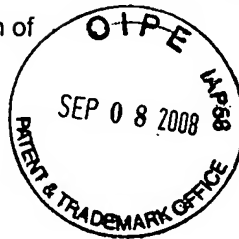
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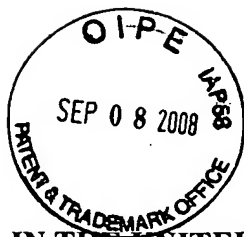
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NIXON &amp; VANDERHYTE P.C.

By Atty: Michael J. Shea, Reg. No. 34,725

Signature: 



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TARASSENKO et al.

Atty. Ref.: 117-537; Confirmation No. 5031

Application No. 10/528,365

TC/A.U. 3736

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Examiner: NAQI, Sharick

For: TELEMEDICINE SYSTEM

\* \* \* \* \*

September 8, 2008 (A Monday)

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Alexandria, VA 22313-1450

Sir:

**AMENDMENT**

In response to the office action dated May 7, 2008, please amend the subject patent application as follows.

**Amendments to the Claims** are reflected in the Listing of Claims that begins on page 2.

**Remarks** begin on page 10.

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